PTO/SB/01 (09-04)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Attorney Docket KW00-2B02-US Number DECLARATION FOR UTILITY OR First Named Inventor **DESIGN** Brines, Michael COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number TBD Filing Date Declaration Declaration January 3, 2005 Submitted OR Submitted after Initial Art Unit With Initial Filing (surcharge TBD (37 ČFR 1.16 (e)) Filing **Examiner Name** required) TBD I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Tissue Protective Cytokines for the Protection, Restoration, and Enhancement of Responsive Cells, Tissues and Organs (Title of the Invention) the specification of which is attached hereto OR as United States Application Number or PCT International was filed on (MM/DD/YYYY) 07/03/2003 PCT/US03/21 85 and was amended on (MM/DD/YYYY) (if applicable). Application Number I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. Priority **Certified Copy Attached?** Foreign Filing Date **Prior Foreign Application Not Claimed** YES Country (MM/DD/YYYY) Number(s) PCT/US03/21350 07/03/2003 PCT

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[Page 1 of 2]

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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DECLARATION — Utility or Design Patent Application

correspondence to:	e address ociated with stomer Number	·: [OR	k.	Correspondence address below
Name Frederick J. Ham	ble, Esq	•						
Address 712 Kitchawan Ro	ad					-	•	
City Ossining				State New Y	ork		- · 	ZIP 10562
Country			762-7					52-7292
I hereby declare that all statem and belief are believed to be statements and the like so mad false statements may jeopardize	true; and furt le are punishat	ther that ble by fine	these state or impriso	ements we onment, or	ere made v both, under	with th r 18 U	he kno	wledge that willful false
NAME OF SOLE OR FIRST IN	VENTOR:		An	etition has	been filed fo	or this	unsiar	ned inventor
Given Name (first and middle [if	any])		<u> </u>	petition has been filed for this unsigned inventor Family Name or Surname				
Michael				Brines				
Inventor's Signature	luz.			<u> </u>				Date /-3-05
Residence: City Woodbridge	State CT			Country US			Citizer US	nship
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City Woodbridge	State CT			Zip 0	6525			Country US
NAME OF SECOND INVENTO	R:	•			petition ha	s beei	n filed f	for this unsigned inventor
Given Name (first and middle [if	f any])				Family Nar	ne or	Surnar	me
Anthony					Ceram	i .		
Inventor's Signature	^'							Date 1-3-05
Residence: City	State			Country			Citize	nship
Somers	NY			US			JS ———	· · · · · · · · · · · · · · · · · · ·
Mailing Address 58A Heritage Hil	ll Road			US	A.			
City Somers	State NY			Zip 10	589		Count US	try
Additional inventors or a legal re	presentative are be	ing named o	n the 1	supplemental	sheet(s) PTO/S	SB/02A	or 02LR	attached hereto.

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		ADDITIONAL Supplemental Sh	INVENTOR(S)	Page	3 of 3		
Name of Additional Joint Inventor, if any	:	A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Sumame					
Carla		Cerami					
Inventor's Signature				Date	1/3/2005		
/ Sleepy_Hollow_ Residence: City	NY State	US Cour	ntry	US Citizen	ship		
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Mailing Address		WO!					
Sleepy Hollow City	NY State		10591 Zip	US Countr	у		
Name of Additional Joint Inventor, if any	<i>r</i> :	A petition h	as been filed for this un	signed i	nventor		
Given Name (first and middle (if any))		Family Name or Surname					
	<u></u>						
Inventor's Signature				Date			
Residence: City	State		Country		Citizenship		
Mailing Address							
City	State		Zip	Count	ry		
Name of Additional Joint Inventor, if any	y:	A petition I	nas been filed for this ur	nsigned	inventor		
Given Name (first and middle (if any))		Family Name or Surname					
Inventor's Signature				Date			
Residence: City	State		Country		Citizenship		
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PTO/SB/81 (11-04)

Applied for use through 11/30/2005. OMB 0651-0035

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| Application Number | |

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Application Number	TBD	
Filing Date	January 3, 2005	
First Named Inventor	Brines, Michael	
Title	Tissue Protective	
Art Unit	TBD	
Examiner Name	TBD	
Attorney Docket Number	KW00-2B02-US	

I hereby revoke all previous powers of attorney given	in the above-identified application.
I hereby appoint:	
Practitioners associated with the Customer Number:	
OR	
X Practitioner(s) named below:	
Name	Registration Number
Frederick J. Hamble	42.623
Michael Yamin	44,414
as my/our attorney(s) or agent(s) to prosecute the application iden	ntified above, and to transact all business in the United States Patent and
Trademark Office connected therewith.	
Please recognize or change the correspondence address for the	above-identified application to:
The address associated with the above-mentioned Cust	omer Number:
OR	·
The address associated with Customer Number: OR	
X Firm or Individual Name Frederick J. Ham	ble, Esq.
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Country US	
Telephone (914)762-7586	Fax (914)762-7292
l am the: Applicant/Inventor.	
Assignee of record of the entire interest. See 37 CFR 3.7 Statement under 37 CFR 3.73(b) is enclosed. (Form PTC	
	plicant or Assignee of Record
Signature Mylan Bring	Date 1-3-05
Name Michael Brines	Telephone (914)762-7586
Title and Company	
NOTE: Signatures of all the inventors or assignees of record of the entire is signature is required, see below*.	nterest or their representative(s) are required. Submit multiple forms if more than one
*Total of forms are submitted.	

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January 3, 2005
Brines, Michael
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Firm or Individual Name	Frederick J. Hamb	le, Esq.		 	<u> </u>		
Address	712 Kitchawan Road	đ					
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City	Ossining US			<u> </u>			
Telephone	(914)762-7586	Fax	(914)76	2-7292			
I am the:							
X Applicant/Inventor		•					
Assignee of record of Statement under 37 C	the entire interest. See 37 CFR 3.71. CFR 3.73(b) is enclosed. (Form PTO/S	SB/96)					
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Signature A. Clorami				Date	7506		
Name Anthony Cerami				Telephone	(914)762-7586		
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NOTE: Signatures of all the inventor signature is required, see below*.	ors or assignees of record of the entire inte	rest or their represe	ntative(s) are require	ea. Supmit Mu	imple forms is more than one		
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TRD
January 3, 2005
Brines, Michael
Tissue Protective
TBD
TBD
KW00-2B02-US

I hereby revoke all previous powers of attorney given in t	he above-ide	ntified applicat	ion.		
I hereby appoint:			1		
Practitioners associated with the Customer Number:					
OR					- }
X Practitioner(s) named below:				·	
Name		Registration	n Number		
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Michael Yamin	44,414				
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The address associated with Customer Number:					
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City	State	NY		Zip 1.0562	
City Ossining Country IIS					
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X Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S	SB/96)				
SIGNATURE of Applie	cant or Assigne	e of Record			_
SIGNATURE OF THE			Date	1-3-2005	
Signature CALC		T	Telephone	(914)762-7	586
Name Carla Cerami					
Title and Company	and or their represe	entative(s) are requir	ed. Submit m	ultiple forms if more than o	ne
NOTE: Signatures of all the inventors or assignees of record of the entire inte signature is required, see below.	rest or their repress	andive(s) are reduit			
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